

| | | | | |
|-----------------------------|-------------------------|--------------|------------------------|-----------------------------|
| SERIAL NUMBER 09/325,099 | FILING DATE 06/03/99 | CLASS 375 | GROUP ART UNIT 2734 | ATTORNEY DOCKET NO. 4498 |
|-----------------------------|-------------------------|--------------|------------------------|-----------------------------|

APPLICANT
ALEXANDER SHVARTS, ARLINGTON, MA, DECEASED; BY TANYA BULKOUSHTEYN,
ARLINGTON, MA, LEGAL REPRESENTATIVE.

****CONTINUING DOMESTIC DATA*******

VERIFIED

None *if*

****371 (NAT'L STAGE) DATA*******

VERIFIED

None *if*

****FOREIGN APPLICATIONS*******

VERIFIED

None *if*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/28/99

| | | | | |
|--|------------------------|---------------------|----------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY MA | SHEETS DRAWING 3 | TOTAL CLAIMS 20/8 | INDEPENDENT CLAIMS 3 |
| Verified and Acknowledged Examiner's Initials <u>if</u> Initials | | | | |

ADDRESS
~~MATTHEW E. CONNORS~~
~~CHARLES GAUTHIER & STEVENS LLP~~ #55740
~~225 FRANKLIN STREET~~
~~SUITE 3300~~
~~BOSTON MA 02110~~

TITLE
TRANSLATION LOOP MODULATOR

| | | |
|------------------------------|---|---|
| FILING FEE RECEIVED \$890 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------|---|---|